



STATE OF IOWA

THOMAS J. VILSACK GOVERNOR SALLY J. PEDERSON LT. GOVERNOR IOWA BOARD OF DENTAL EXAMINERS CONSTANCE L. PRICE, EXECUTIVE DIRECTOR

Dear Applicant:

Please find enclosed the application for dental assistant trainee status. Complete the trainee application and submit to the office of the lowa Board of Dental Examiners within seven days of employment.

Please note that in order to make application, the dental assistant must be at least 18 years of age and a high school graduate. If you are a high school student enrolled in a cooperative education or work-study program through an lowa high school, please contact the Board office for the appropriate trainee application form.

Upon receipt of the trainee application in this office, we will acknowledge your status as a dental assistant trainee. You will be required, within six months, to successfully complete a board-approved course of study and examination in the areas of infection control, hazardous materials and jurisprudence. If you have taken the DANB CDA or ICE exam after June 1991, you will not need to pass a separate state exam in infection control and hazardous materials, only the state exam in jurisprudence. The Board has approved an on the job training manual available from the Board office. To order a manual, check the order line on the back of the trainee application and return it to our office with a \$70 fee. The examination is available at your local community college. An information sheet is enclosed with the contact information for the examination.

While on trainee status, you are also encouraged to train in the area of dental radiography under the supervision of your employer dentist. The Board has approved an on the job training manual in radiology. It is available as part of the Dental Assistant Trainee Manual. In addition to radiology training, you will also need to successfully complete an approved radiology exam to obtain your radiology qualification. If you have taken the DANB CDA or radiation exam (after 1985), you will not need to pass a separate state exam in radiology. Dental assistants are encouraged to make every effort to obtain their radiology training and pass a radiology exam while on trainee status. Be advised that if you do not train in dental radiography during this trainee status period, once you are registered you must take a formal course of study in an accredited school for future qualification in dental radiography.

The Board also wants to make you aware that the application for registration and qualification asks about any impairments or criminal history that you may have. If either of these situations applies to you, please notify the board office at your earliest convenience. Contacting the board office about either of these situations can avoid unnecessary delays at the time of registration. Delays could potentially prohibit you from working as a dental assistant if the board has not issued registration to you prior to expiration of your dental assistant trainee status.

Please note the fee for trainee status is \$25.

If you have any questions, or need further assistance, please feel free to contact Janet Arjes, at (515) 281-3248.

To see instructions for this application, click on the yellow comment balloon.

Application for Dental Assistant Trainee Status

This form must be completed and returned to the Iowa Board of Dental Examiners within seven days of the time the dental assistant trainee begins work. Include the application fee of \$25.

IDENTIFYING INFORMATION

Full Legal Name: (First, Middle, Last)								
Other Last Names Used: (e.g. Maiden, other married names)				Email Address:				
Home Address:								
City:	County:			State:		Zip Code:		
	,							
Work Address:						Work Ema	il:	
City:	County:			State:		Zip Code:		
Home Phone:	Home Fax:			Work Phone:		Work Fax:		
Social Security Number:	Privacy Act Notice: Disclosure of your Social Security number on this application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify registrants.							
Date of Birth:			State	of Birth:	Country	Country of Birth:		
Father's Full Name:			Moth	er's Full Name:				
Full Name & Address of Nearest Relative	Not Living With You:							
Name of High School:	City:	State:		From: (Mo, Yr):	To: (Mo, Yr)		Diploma GED	
Name of College:	City:	State:		From: (Mo, Yr):	To: (Mo, Yr)		Type of Degree:	
Name of College:	City:	State:		From: (Mo, Yr):	To: (Mo, Yr)		Type of Degree:	
Do you hold a qualification in dental radiography issued by the Iowa Board of Dental Examiners? Yes No. Qualification number: If yes, contact the Board office for information on reinstating our radiography qualification. If you are not qualified and you want to take x-rays, study the Radiography Manual and train under supervision of your dentist while under trainee status. You will also need to complete a radiology exam (DANB or board radiology exam). EMPLOYER'S CERTIFICATION								
	LIVII LOTE	IN O OL		IOATION				
Name of Employer:								
Office Address: (where dental assistant w	ill train)							
Street:	City/State:		Data	Zip: Pho	-			
Dentist Iowa License Number:			Date	Dental Assistant Emp	ioyment Beg	gan:		



STATEMENT OF APPLICANT

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. I am a high school graduate and I am 18 years of age or older.

I further state that I shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. I shall notify the Board within five days of the termination of such employment.

I understand that within six months of employment, I am required to successfully complete a board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a board-approved postsecondary school or on-the-job using curriculum approved by the board for such purpose. Evidence of meeting the training and examination requirement shall be submitted within six months to the board. I understand that in the event I am not registered by the expiration date of my trainee status, I will be prohibited from working as a dental assistant. Prior to expiration of my trainee status, I must apply to the board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

I understand that while under trainee status I may also train in the area of dental radiology. I must also pass an approved radiology exam to obtain my radiology qualification. I understand that if I do not obtain my radiology training or pass a radiology exam while on trainee status, a formal course of study in radiology will be required to obtain my qualification at a later date.

Date Signature of Dental Assistant Trainee

STATEMENT OF EMPLOYER

I certify that the statements of the above applicant relating to employment of the trainee are true. I will also personally supervise the Dental Assistant Trainee and assist the trainee in learning the skills needed. I also understand that within six months of employment, the dental assistant trainee shall successfully complete board approved education and examinations in the areas of infection control, hazardous materials, and jurisprudence. The trainee will also be required to show current certification in CPR at the time of registration. I understand that the dental assistant trainee will be prohibited from working as a dental assistant if the examinations are not successfully passed within six months and if the trainee has not become registered by the expiration date of trainee status. I will ensure the trainee has a current certificate of registration prior to working after expiration of trainee status. I also understand that the trainee is encouraged to train in dental radiology while on trainee status. If the assistant does not train in dental radiology and pass an approved radiology exam while on trainee status, I understand the trainee will be required to complete a formal course of study and examination in radiology to obtain qualification to take dental x-rays at a later date.

Date	Dentist's Signature
	Application fee of \$25 made payable to the lowa Board of Dental Examiners is enclosed.
	If you have already completed the DANB CDA, ICE, or radiation exams, copy of scores or certificate enclosed.

Training Manual Order:

Please send me the on-the-job Dental Assistant Training Manual. I have enclosed the fee of \$70 made payable to the lowa Board of Dental Examiners.

Community College Testing Sites

To schedule a dental, dental hygiene, or dental assistant examination, please contact the testing site of your choice at least 10 days prior to the exam date. A proctor fee will be paid directly to the community college testing site. To sit for the exam, you will need to take verification of trainee status, student status, or pending application (dental & dental hygiene applicants), along with a photo ID.

- ANKENY: Des Moines Area Community College, Assessment Center Bldg. 6, 2006 S. Ankeny, Ankeny, IA 50021, Lisa Wiese or Lee Lyons 1-800-362-2127 or 515-964-6595
- <u>BETTENDORF:</u> Eastern lowa Community College, Scott Community College Testing Center 500 Belmont Road, Bettendorf, IA 52722-6804, Lisa Miller 1-888-336-3907 or 563-441-4012
- W. BURLINGTON: Southeastern Community College, 1500 West Agency Road, West Burlington, IA 52655, Angela Darnall 1-800-828-7322 or 866-722-4692 ext. 8128
- CALMAR: Northeast Iowa Community College, Highway 150 South, Box 400, Calmar, IA 52132, Mary Winters 1-800-728 2256 or 563-562-3263 ext. 222
- <u>CEDAR RAPIDS:</u> Kirkwood Community College, Test Center Room 139, 6301 Kirkwood Blvd. S.W., P.O. Box 2068, Cedar Rapids, IA 52406, Dave Kerton 1-800-332-2055
- <u>CLINTON:</u> Clinton Community College, Testing Center, 1000 Lincoln Blvd, Clinton, IA 52732, Roxanne Otto, 1-563-244-7001
- <u>COUNCIL BLUFFS:</u> lowa Western Community College, 2700 College Rd., P.O. Box 4C, Council Bluffs, IA 51502, Cheryl Downey-Eber 1-800-432-5852 or 712-325-3219 ext. 3219
- <u>CRESTON:</u> Southwestern Community College, 1501 West Townline St., Creston, IA 50801, Marilyn Werner 1-800-247-4023 ext. 330, or 641-782-1330
- <u>DUBUQUE</u>: Northeast Iowa Community College, Town Clock Center for Professional Development, 680 Main St. Dubuque, IA 52001, Rosalie Hughes, 1-888-6422338 ext 234, or 563-557-8271 ext. 234. Fax: 563-557-0319
- <u>EMMETSBURG</u>: Iowa Lakes Community College, Allied Health, 3200 College Drive, Emmetsburg, IA 50536, Rosemary Coleman 800-242-5108, Ext. 227 or 712-852-5227. Fax: 712-852-5324. E-mail: <u>rcoleman@iowalakes.edu</u>
- <u>FORT DODGE:</u> lowa Central Community College, 330 Avenue M, Fort Dodge, IA 50501, Shelly Lundeen 1-800-362-2793 or 515-576-0099 ext. 2254
- MARSHALLTOWN: Iowa Valley Community College, 3702 South Center Street, Marshalltown, IA 50158, Jim Merritt 1-800-284-4823 or 641-752-4645 ext. 346
- MASON CITY: North Iowa Area Community College, Independent Study Lab, 500 College Drive, Mason City, IA 50401, Kay Haugen 1-888-466-4222 or 641-422-4266 ext. 4266
- OTTUMWA: Indian Hills Community College, Health Occupations, Bldg. 10, 525 Grandview, Ottumwa, IA 52501, Mary Stewart 1-800-726-2585 ext. 5180, or 641-683-5142
- SHELDON: Northwest Iowa Community College, 603 West Park, Sheldon, IA 51201, Marlys Schwebach 1-800-352-4907 or 712-324-5061 ext. 118
- SIOUX CITY: Western lowa Tech Community College, Testing Center, 4647 Stone Ave., Building A, Sioux City, IA 51102-5199, 1-800-352-4649 or 712-274-8733 ext. 6443
- WATERLOO: Hawkeye Community College, Student Development Center 1501 E. Orange Rd., P.O. Box 8015, Waterloo, IA 50704, Kris Owens 1-800-670-4769 or 319-296-4014 Ext. 1369

Dental Assistant Registration Checklist – New Trainees

Dental Assistant Trainee application mailed to board office within 7 days of employment
☐ Verification of Dental Assistant Trainee Status form received from board office (Post this form in your dental office. The form is also REQUIRED to sit for the exams.)
☐ Study the Dental Assistant Trainee Manual – the manual and exams must be completed within six months of employment
If you also want to be able to take x-rays: Study the radiography portion of this manual and train for dental radiography under the supervision of a dentist
☐ Schedule the infection control, jurisprudence, and radiography exams (allow 10 days for scheduling)
Successfully complete board infection control exam or Dental Assisting National Board Infection Control Examination with six months of employment
☐ Successfully complete jurisprudence exam within six months of employment
Successfully complete board radiography exam, or Dental Assisting National Board Radiation Health and Safety exam while on trainee status
Obtain certification in CPR within six months of employment (CPR must be taken from a nationally recognized provider. Nature of the special "level" or other type of CPR is required.)
Apply for registration certificate and radiography qualification. This may be done a) up to 30 days prior to expiration trainee status; b) if you are a graduate of a dental assisting program, you may apply after obtaining CPR and completing the exams; or c) if you have six months of previous dental assisting experience during the previous two years, you may also apply immediately after obtaining CPR and completing the exams.
Be Advised! If you do not obtain your radiography qualification at the same time as your registration certificate, you we need to submit a separate application and fee once you have met the radiography requirements. If you trained radiography while on trainee status, you must successfully complete the exam and apply for your certificate within two years. If you did not train in radiography while on trainee status or do not apply for your radiography qualification within two years, you will be required to complete a formal course of study (e.g. at a community college) and pass a radiography example to obtain your qualification at a later date.
<u>IMPORTANT!</u> You cannot work as a dental assistant if trainee status has expired and you have not been issued registration

Effective October 1, 2003

All application forms are available on the Board website at http://www.state.ia.us/dentalboard